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### CLINICS.

#### HOSPITAL NOTES AND GLEANINGS.

*Compound and Comminuted Fracture of the Leg and Thigh in an Aged Person; Recovery.*—Although we find, as a general rule, that age tells much against recovery in severe cases of injury, yet there are often times remarkable exceptions; and if they are to be noticed in any one class of cases more than another, it is in extensive and dangerous fractures. Some weeks back, a man, sixty-eight years of age, was knocked down by a cab, and run over. He was taken up and conveyed to the Charing-croße Hospital, and placed under the care of Mr. Hancock. On examining him, it was discovered that he had sustained a rather severe compound and comminuted fracture of the right thigh, and a similar injury to the leg of the same side; thus there was a double compound and comminuted fracture

in the same limb. Considering the man's age, impaired strength, and the nature of the injury, some surgeons would not have hesitated to amputate above the highest fracture. He was, however, treated with bark and ammonia from the commencement, and wine. The limb was carefully put up in splints. In a little time callus was thrown out, union of the fractures ensued, the wounds healed, and he has made an excellent recovery.

This case, as well as many others which we have previously recorded, shows that much may be done to cure and to save even in advanced age.—*Lancet*, Jan. 28, 1860.

*Varicocele on both Sides; Vidal's Operation; Removal of Skin of Scrotum.*—A. W., aged 25, was admitted into University College Hospital under the care of Mr. ERICHSEN, Dec. 14, 1859. He had never, he said, had any disease of the genital organs except

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the present, nor was there any history or appearance of varicose vein in any other situation. He suffered from indigestion, from frequent constipation, and was accustomed to walk a great deal, and to ride on horseback. His scrotum had always been relaxed. He noticed seven years ago that the veins of the scrotum on the left side were enlarged, but he found no inconvenience or pain from this until about nine months ago, when he began to have great pain after walking even a short distance. He wore a MoeMain truss for three months, but was not relieved. On examination, the usual appearances and symptoms of varicocele were found on both sides, but much more on the right. The testes were smaller than natural.

On December 14, Mr. Erichsen performed Vidal's operation (ligature of the veins on a wire pin passed behind them) on the left side, chloroform having been given.

16th. Going on well. Very little pain. The wire was tightened to-day.

18th. There is to-day slight discharge from the aperture on each side of the scrotum. A large mass of induration may be felt around the wire. The general health is good.

20th. The pin and wire slipped out this morning. No hemorrhage followed. The induration is still increasing.

21st. The patient was again put under the influence of chloroform, and the veins of the right side were tied by passing a silver wire round them, and twisting the ends together. Some little pain followed this operation, but it entirely abated when the wire was removed.

January 4. The patient now walks about the ward. The induration is much decreased, and the veins do not fill when unsupported. At the request of the patient a large quantity of the loose skin of the scrotum was removed. The wound healed well. He has since been discharged, cured.—*Med. Times and Gaz.*, March 17, 1860.

#### *Death from the Rupture of a Varicocele.*—

The patient was the subject of varicocele of the left side, and received a blow on the scrotum, which immediately began to swell. He was shortly afterwards admitted into University College Hospital, with the scrotum distended to the size of an adult's head; with this was œdema of the penis and also of the scrotal integuments. The scrotal

œdema appeared to be increasing, with discoloration, and altogether it seemed to be a very bad case. The case had been sent in as one of strangulated hernia, but its true nature soon became obvious. Incisions were freely made by Mr. Hill, the house surgeon, into the posterior part of the tumour, to relieve the tension and to let out the extravasation, which had produced ecchymosis and livid discoloration. A quantity of coagulated blood was thus removed, which was followed by a discharge of fresh blood, and the latter continued till the man suddenly expired. Previous to a post-mortem examination the next day, the body was injected with red size, and a large varicocele was discovered in the left side, with large, thin, distended veins, one of which had become ruptured by the blow and thus produced the hemorrhage. The case was, therefore, similar to the bursting of a varicose vein in the leg, death ensuing from loss of blood. Now, whilst the latter is comparatively of common occurrence, the former is very rare. This case, as Mr. Erichsen observed to his pupils, was like what was described by Percival Pott, many years ago, as hæmatocele of the cord, and no doubt was very similar to an example that had occurred in the same hospital a few days before, only that the swelling was much greater; the tunica vaginalis and testes were, however, quite sound, and a large quantity of blood (two pints) was extravasated in a few hours, threatening gangrene.

True hæmatocele of the cord is an equally rare disease, and arises after a strain or some violent exertion. As mentioned in Mr. Erichsen's work on surgery, "It commences in the inguinal canal, and thence extends downwards along the course of the cord, through the abdominal ring into the scrotum; but it does not surround or implicate the testis, which can be felt free and movable at its lowest part." Mr. Curling, Mr. Bowman, and others have described examples of it.—*Lancet*, March 24, 1860.

*Recent Hematocele.*—Of the two forms of hæmatocele, namely, the spontaneous and traumatic, the latter is known to be by far the most common, and a good example of it came under observation, on the 11th of February, at St. Bartholomew's Hospital. The patient was an otherwise healthy man, who

had been subject to hydrocele of the left side. This was tapped some ten days before, at the hospital, and thirty ounces of serum withdrawn, without the escape of a drop of blood. The man foolishly went to work immediately after the operation, his occupation being one requiring some exertion in connection with a newspaper, necessitating a great deal of running up and down stairs. The scrotum began to swell on the evening of the same day, and gradually continued to enlarge, till it had attained the size of a very large cocoa-nut. It was very ponderous, felt semi-elastic, and its nature was easily determined. Mr. Lawrence made a free incision into it on the 11th of February, and a quantity of dark, fluid blood spirted out with very great force, several clots remaining behind, which were turned out of the sac of the tunica vaginalis with the hand. The sac was now much smaller from contraction, and its obliteration is being slowly effected by still further contraction and granulation from the bottom. In all probability, no bad effects would have resulted could this man have remained quiet after the tapping of his hydrocele, but it is no uncommon occurrence to observe patients who have submitted to this procedure go about their ordinary avocations almost immediately afterwards.

We subsequently learnt that suppuration became established, and general contraction ensued, with closure of the wound.—*Lancet*, April 21, 1860.

#### LECTURE.

*Lectures on the Surgery of Childhood.* Delivered at the Hospital for Sick Children. By ARTHUR JOHNSON, Esq., Surgeon to the Hospital.

LECTURE II.—CONGENITAL MALFORMATIONS (continued)—*Spina Bifida*; its Treatment by Operation, by Collodion; by Iodine injections; Congenital Fatty Tumour of Spine; Deficiency and Excess of parts; Hermaphroditism; of the Male; of the Female. INJURIES AND ACCIDENTS—Foreign Bodies in Nose and Ear; Fractures; Peculiarities when complicated with Rickets; Incomplete Fractures; Traumatic separation of Epiphyses.

GENTLEMEN: Towards the close of the last lecture, I drew your attention to certain

congenital hernial protrusions from the skull, constituting *encephalocele*. In the back we find similar tumours connected with arrest of development in some portion of the spinal column, and formed by the protrusion, through an opening in the canal, of the membranes of the cord, distended with cerebro-spinal fluid. To these the name of *spina bifida* is given, and they are usually characterized by the hard and tense nature of the swelling when the patient is erect, its softness when the pelvis is raised above the head; expiration and inspiration producing frequently the same effect. As in the skull, however, the hernia is seldom that of the membranes alone; in the majority of cases, either the spinal cord itself or some of its nerves are more or less involved. Mr. Prescott Hewett, in his valuable remarks on this affection, states, "that of twenty preparations of *spina bifida* occupying the lumbo-sacral region, which he has examined, he has only found one in which the nerves were not connected with the sac. If the tumour corresponds to the two or three upper lumbar vertebrae only, the cord itself rarely deviates from its course, and the posterior spinal nerves are generally the only branches which have any communication with the sac. But if the tumour occupies partly the lumbar and partly the sacral region, then generally the cord itself and its nerves will be found intimately connected with the sac."

On the table is a specimen illustrating this fact, taken from a patient, five months old, who died under the care of Mr. Tatum. The cord and its nerves will be seen running across the cavity of the tumour to its posterior wall, where they are firmly fixed.

I need scarcely mention the importance of this connection as influencing our treatment. Numerous operations, including removal by ligature and excision, have been proposed and performed; in some cases, it is asserted with beneficial results, but in all, certainly, with great risk to life. Sir A. Cooper, it is well known, was successful in two cases; one of which he treated by simple compression, whilst in the other he evacuated the fluid by puncture with a needle, and subsequently employed pressure. Twenty-eight or twenty-nine years afterwards, the patients were alive and in good health. In both these cases, it may be remarked, the tumour was of moderate size, and seated in the loins; containing, probably, no portion

of the spinal cord. With others, however, the results have not been so prosperous; and in a discussion on the subject of spina bifida at the Société de Chirurgie last October, M. Guersant stated that he had tried different operations in fifteen or eighteen cases of this kind, but had never had reason to congratulate himself on the result. Suture, excision, ligature, had been rapidly followed by death; and if puncture and compression had not been so injurious, they had not prevented his little patients from dying at last. He mentioned, however, that he never employed iodine injections. (*Gazette des Hôpitaux*, October 15th, 1859.)

In the second volume of the *Medical Times and Gazette* for 1858, will be seen an interesting collection of cases of this affection, seventeen in number. On analyzing these, I find that in two cases a ligature was applied, and both died. In six cases, the tumour was punctured or wounded, and all six died. In one case, however, the notes of which are brief and imperfect, both ligature and puncture were employed, and recovery is said to have taken place. The results of operative interference, in these cases, at any rate, are not encouraging—eight out of the nine cases having died.

In seven cases, the sac was not meddled with: of these, two died, two were cured, and three remained in good health, at the ages of thirteen, twenty-three, and thirty-two, though with the tumour still present, and of large size. The remaining case I exclude, as it appears not to have been congenital, having been first noticed at the age of twenty-six, after a confinement. I may add, that every case in which I have myself punctured the sac has, sooner or later, terminated fatally.

Should nothing then be done in this affection? An application which may be used at least with safety, perhaps with advantage, is collodion, painted over the whole surface of the tumour, and for some distance around it. In a case related in the thirty-first volume of the *Journal für Kinderkrankheiten*, this was employed from time to time by Dr. Behrend, the part being afterwards protected by an India-rubber shield; a little calomel was at the same time administered internally, on account of some head symptoms, which happened to show themselves. Absorption of the fluid took place, and the tumour contracted and finally disappeared, leaving only a hardened mass to mark its situation.

Astringents may also be applied in the shape, perhaps, of a strong Goulard lotion, especially when the integuments are thin; or the saturnine salt may be combined with the collodion; in any case, too, the tumour should be protected, but not compressed, by a kind of shield formed of some suitable material.

There is still another mode of treatment which has been specially advocated of late, and which deserves, perhaps, a further trial; I mean injection of iodine into the sac. At the discussion to which I have alluded, M. Velpeau stated that whenever he had had recourse to operations involving any loss of blood, they had always failed; but that on three occasions, he had punctured the tumour and injected iodine. Two of these patients died, but long after the operation; in one of them, the injection was renewed three times in the space of three weeks, and the iodine had not produced the least trace of inflammation. The third child, who is now six years old, was cured, and is still living, five years after the operation. In this case, five or six injections were practised in succession. After the first, the skin over the tumour, which was previously red and almost ulcerated, became more firm and less irritated; the tumour diminished, and was only of the size of a nut when last seen. The fluid injected consisted of tincture of iodine, diluted at first with two-thirds of water, the strength being afterwards increased.

In the *Chicago Medical Journal* for September (quoted in *Boston Medical Journal*, vol. lxi. p. 246), Dr. Brainard is stated to have now treated seven cases in this way; of which five are said to be cured, though one died afterwards of chronic hydrocephalus. The injections, which consisted of iodine and iodide of potassium dissolved in water, were repeated as often as was deemed necessary, the strength of the solution being gradually increased; no more of the fluid, it is remarked, should be drawn off than would correspond to the amount of injection to be introduced. After the operation, collodion is applied, and should be continued for some considerable period. The success in these instances was undoubtedly considerable; though even here, it may be remarked, two at least out of the seven patients actually died; but in truth, the cases are somewhat loosely reported, many important particulars are omitted, and their

value consequently is materially diminished.

The conclusions I should draw as to the prognosis and treatment, would be these:—

1. The chances of a favourable result are never very great; and in the worst cases, where the tumour is very much distended and the deficiency of the spinal walls very considerable, where the skin is thinned, and, as it were, unravelled or on the point of bursting, or having actually burst, there is no reasonable hope.

2. Under any circumstances, the strong probability of the presence of a part of the cord or its nerves, and the fatal results of the cases in which such attempts have been made, forbid our having recourse to ligature or to excision.

3. In some cases, especially in those where the vertebral fissure is small, the tumour pediculated, and the communication with the spine limited, there is a chance of a natural cure taking place; or, at any rate, of the tumour not proving incompatible with life, if it is simply protected from external violence.

4. In treating this affection, if the tumour is of moderate size, and not enlarging, I should be unwilling, at first, to do more than apply gentle compression, by means probably of collodion, combined or not with astringents, support the part well, and protect it effectually from injury.

5. Should the tumour show a disposition to increase, I might then make a fair trial of iodine injections, though with a certain amount of foreboding as to the occurrence of inflammation of the spinal membranes. The punctures for this purpose should be made at a part where the skin is healthy and at the side of the tumour; for it is generally at the middle line that the cord and its nerves, if present, are attached. The strength of the solution, which should have been recently prepared, should be about one-sixteenth of a grain of iodine, and one-eighth of a grain of iodide of potassium to the drachm of water; the quantity, at first very small, not more, perhaps, than eight or ten drops, which might be introduced by means of the instrument now in use for injecting the perchloride of iron in cases of nevus. After the injection, pressure upon the tumour should be avoided, and if any redness or heat come on, cooling lotions may be used and collodion applied, after the inflammatory symptoms have subsided.

Fresh injections should not be had recourse to, so long as any signs of inflammation remain, or till the tumour ceases to contract.

Cases of *spina bifida* are sufficiently common at the lower part of the spine to be familiar to most practitioners, who are, consequently, well acquainted with their nature. They are found, however, also higher up, in the dorsal region and in the neck, cases of which I have seen; but they occur so seldom in this situation, that they may not be recognized, and attempts might be, and have been, made to excise the tumour in ignorance of its real character. It is well, therefore, to be aware of the fact that they may be met with in these regions.

*Congenital Fatty Tumour of Spine.* I may, perhaps, be allowed here briefly to describe a very unusual form of congenital tumour connected with arrest of development of the posterior part of the sacrum, which came under my care at this Hospital. The patient was brought to me, three weeks after birth, with an ulcer situated on the top of an ill-defined swelling placed over the sacrum. The ulcer healed; but the swelling, which was evidently fatty in its nature, continued to increase, and caused much inconvenience by the convulsive movements in the right leg produced by any pressure upon it. I consented to operate, though with some misgiving, when the child was ten months old. It was found, during the operation, that the fatty tumour at its base extended into the interior of the sacral canal, through an opening (*due to the deficiency of the lamina*), and was adherent to the membranes of the spinal cord; from these I dissected it off, fortunately without their being wounded, and the patient did well; the wound healed, and the convulsive movements ceased. Some time after its removal from the hospital, the child died from an accidental attack of inflammation of the bowels, when I had an opportunity of removing and examining the lower part of the spine, which is now before you. It will be seen that, in addition to the external tumour which was removed, there is a considerable fatty mass, with which the other was probably connected, extending for some distance *inside* the dura mater; this pressed upon the spinal cord, and involved the roots of the lowest spinal nerves so completely, that they seem to be imbed-



ded in its substance. There is, moreover, a malformation of the lower sacral vertebrae, which are partly displaced and partly deficient.

The case, full details of which are published in the eighth volume of the *Pathological Transactions*, shows the care which should be exercised in operating, even on solid tumours in the spinal region, when they occur in very young children.

*Deficiency or Excess of Parts.* With respect to the former, though we cannot, indeed, supply the deficiency, we can generally, by surgical or mechanical means, alleviate the inconvenience. In the latter, it is often in our power to render more efficient aid, by reducing the parts to their normal proportions. On the table, for instance, is the cast of a foot with nine toes, belonging to a female child, a superabundance of which the parents and even the child herself, were desirous of getting rid. The supernumerary toes were removed, and the foot was made to match its fellow of the opposite side.

*Hermaphroditism.* There is another irregularity of formation occasionally brought to our notice, when, as is sometimes the case, we are called upon to determine the sex of the child. I mean *hermaphroditism*. Three varieties of this have been described—viz., apparent hermaphroditism of the male, apparent hermaphroditism of the female, and the neutral or true hermaphroditism.

The first, or pseudo-hermaphroditism of the male, may depend—firstly, on *inversio vesicae*, the red surface of the bladder having been mistaken for the vulva. As, however, this is seated principally above the pubic bones, the diagnosis ought to be easy.

Secondly, it may depend on adhesion of the under surface of the penis to the scrotum, in which it is buried, so as to present the appearance of an imperforate vagina. Mr. Terry relates a case of this kind, where a child, christened and considered as a female, turned out to be a boy; the penis being easily liberated, and found to be perfect, with the exception of a slight amount of hypospadias. Wrisberg mentions two similar cases, discovered at the ages of 19 and 46.

The third, and most usual form, however, consists in a fissured condition of the scrotum, which may then present a perineal cleft bounded by two folds of integument, bearing much resemblance to the labia,

especially in those cases where the testicles have not descended. The resemblance to the vulva is generally increased by the small size of the penis, which is not unfrequently imperforate, or divided on its under surface, constituting the condition termed *hypospadias*. Numerous examples of errors in assigning the sex, committed from the last cause, have been noted. Amongst the most remarkable of these, is a case related in the *Cyclopædia of Anatomy and Physiology*, quoted from Otto, where the individual "had lived ten years in the state of wedlock, with three different men; but at the age of thirty-five an action of divorce was brought against her by her third husband, who accused her of being affected with some disease of the sexual parts; that rendered the connubial act on his part extremely difficult and painful." After some consideration, it was at last decided by the Royal Medical College of Silesia, that the supposed wife was a male, and that the condition of parts was that which I have just described.

A child, 15 months old, brought to this Hospital very recently, and whom many of you may have inspected, belonged, I believe to this class of hermaphroditism, though he has been christened Elizabeth, and some unusual peculiarities were present. The extremity of the glans, which with the member itself, is of considerable size, presents in its centre a fine opening, just large enough to admit of the introduction of an Anel's probe; this opening or urethra undoubtedly leads to the bladder, for the urine is passed through it with considerable force, though in a very fine jet, and apparently with pain. The urine, however, also comes away in a much larger stream through an opening placed beneath the member, resembling a vagina, by which a catheter can easily be passed into the bladder. No direct communication exists between the two urinary passages, which are at some distance from each other. A deep groove, lined with an ash-coloured membrane, exists for some distance on the under surface of the member, passing backwards into the vagina-like opening, and ending in front in a cul-de-sac quite distinct from and below the glandular urethra. The vagina-like passage, the orifice of which was closed at birth, and was subsequently opened by a surgeon, in consequence of the straining in passing the urine, is just large enough to admit the end

of a small little finger to the extent of about an inch. No uterus can be felt, and a catheter introduced along the passage at once enters the bladder. There is a considerable interval of skin and soft parts between this opening and the anus, constituting a fair sized perineum. On each side of the opening is a kind of labium, at present in a state of inflammation. On the right side can be felt, in its interior, a swelling bearing some resemblance to a testis, though much enlarged, and there is also a kind of cord prolonged from it into the abdomen. The left side is empty.

The congenital pseudo-hermaphroditism of the female consists mainly in an extraordinary enlargement or hypertrophy of the clitoris. In intrauterine life, it will be recollected, the clitoris is at first almost as large as the penis; and even at birth it is, proportionately, of considerable size. Its increase, however, afterwards is relatively slight, and at puberty it is usually not more than seven or eight lines in length. Occasionally, however, it happens that the development of the clitoris progresses as it did in the first few months of fetal life; and the infant, nay, even the grown woman, presents an organ closely resembling that of the male. A photographic view, though not a very good one, of a case of this kind brought to me to determine the sex in a child eleven years of age, is now on the table.

Enlargement of the clitoris, which sometimes becomes three inches or more in length, is not always congenital, but may take place subsequently—too often, probably, as a result of early masturbation. If considered desirable, it may be cut or pared down; but, in this case, you must be prepared for copious hemorrhage.

Simple enlargement of this organ seldom causes much difficulty in our diagnosis even in infants. Frequently, however, it is combined with other malformations, and then the determination of the sex becomes less easy. The vagina, for instance, may be much contracted, and its orifice closed by a membranous septum; nay even the ovaries, with the Fallopian tubes, are said to have descended through the inguinal canal, presenting the appearance and sensation of the testicles. There may be, too, an indentation at the point of the glans, resembling the urethra, or even a blind canal extending for a certain distance, or a groove on its under

surface, as in hypospadias. It is stated, however, by M. Marc, that the clitoris is never perforated by an urethra.

It will be seen, therefore, that it is not always an easy matter to decide upon the sex in the child. Even at a later age, when the parts are more developed, and when we may be assisted by the supervision of the menstrual discharge, mistakes and confusion have often occurred, and experienced observers have differed in the conclusions at which they have arrived.

There is another variety of pseudo-hermaphroditism of the female I may mention, though it is met with, of course, at a more advanced age, which depends on prolapsus of the uterus and vagina, which last becomes cuticular, and may present a certain resemblance to a penis.

For the neutral or true hermaphroditism—the *hermaphrodisia per excessum* of Rokitansky—I must refer you to the elaborate article on the subject in the *Cyclopædia of Anatomy and Physiology*; for the limited time at my disposal will not admit of my saying more at present on the subject of congenital deformities, with which, indeed, I fear I have already exhausted your patience; and yet there are numerous classes of them to which I have not even alluded—*nævi* and erectile tumours, for instance, which would of themselves offer abundant materials for at least a lecture. I think, however, we may fairly admit that the subject of malformations presents a wide field for surgical investigation and assistance.

(To be continued.)

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*American Medical Association.*—Our National Medical Congress will hold its thirteenth annual session at New Haven, Conn., on Tuesday, June 5, 1860. The committee of arrangements have arranged with most of the railroad and steamboat lines for a reduction of fares for Delegates.

*National Convention for Revising the Pharmacopœia of the United States.*—This convention held its fifth decennial meeting in the city of Washington on the 2d of May, 1860.

Dr. Geo. B. Wood, the president of the

convention of 1850, was called to the chair, and Dr. John C. Riley, of Washington, appointed Secretary pro tem.

A committee of five were appointed to nominate permanent officers which reported the following:—

*President.*—Dr. Geo. B. Wood, of Philadelphia.

*Vice-presidents.*—Dr. JACOB BIGELOW, of Boston, and Dr. EDWARD WARREN, of North Carolina.

*Secretary.*—Dr. THOS. MILLER, of Washington.

*Assistant Secretary.*—Dr. J. C. RILEY, of Washington.

Which report was adopted.

A committee of credentials were appointed, who reported the following delegates as present, viz:—

From the College of Physicians and Surgeons of Philadelphia—Dr. George B. Wood and Dr. Robert Bridges.

From the New York State Medical Society—Dr. Caleb Green and Dr. E. R. Squibb.

From the New York Academy of Medicine—Dr. E. R. Squibb.

From the College of Pharmacy of the City of New York—John Meakim and William Hegeman.

From the Philadelphia College of Pharmacy—William Procter, Jr., A. B. Taylor, and Edward Parrish.

From the Maine Medical Association—Dr. A. J. Fuller and Dr. H. T. Cummings.

From the Connecticut State Medical Society—Dr. Gurdon W. Russell.

From the Massachusetts Medical Society—Dr. Jacob Bigelow and Dr. Ephraim Cutter.

From the Jefferson Medical College—Dr. Franklin Bache.

From the University of Pennsylvania—Dr. Joseph Carson.

From the Medical Society of the District of Columbia—Dr. Thomas Miller and Dr. William G. Young.

From the National Medical College—Dr. John C. Riley and Dr. M. S. Lincoln.

From the University of Maryland—Dr. William E. A. Aiken.

From the Maryland College of Pharmacy—Alpheus P. Sharp.

From the United States Army—Dr. Lewis A. Edwards.

From the United States Navy—Dr. George Clymer.

The Report of the Revising and Publishing Committee, appointed in 1850, was read and referred to the Committee on Auditing Accounts of the Secretary and Assistant Secretary.

It was, on motion, resolved that such members of the two houses of Congress as are medical graduates be invited to attend the Convention and participate in its deliberations.

The delegates of several medical bodies represented in the Convention were then called on for contributions towards a revision of the National Pharmacopœia, when reports were handed in from the Massachusetts Medical Society by Drs. Cutter and Bigelow; from the New York State Medical Society, by Dr. Squibb; from the New York Academy of Medicine, by the same; from the New York College of Pharmacy, by William Hegeman, and from the Philadelphia College of Pharmacy, by William Procter, Jr.

Mr. Parrish presented a report from the American Pharmaceutical Society, a body not incorporated and not represented in this society; which was received.

These reports were referred to a committee with directions to report a plan for the revision and publication of the Pharmacopœia; the committee to consist of Dr. Franklin Bache, Mr. Edward Parrish, Alpheus P. Sharp, Dr. Thomas Miller, and Dr. George W. Russell, of Connecticut.

The Convention then adjourned until 11 o'clock to-morrow.

MAY 3D.

At 11 o'clock the chair was taken by Dr. Geo. B. Wood, of Philadelphia, the President of the Convention.

The minutes of the meeting of the preceding day were read by Dr. Thos. Miller, the Secretary.

Mr. Procter, from the Committee on Credentials, reported the presence to-day of the following gentlemen, additional to those present yesterday: From the Delaware State Medical Society, Dr. F. H. Askew; from the Maryland College of Pharmacy, Mr. George W. Andrews; from the Massachusetts College of Pharmacy, Messrs. Charles T. Carney and Robert R. Kent; and from the New York College of Pharmacy, Alex. Cushman.

Dr. Miller, from the Auditing Committee, stated that the report of the Revising and



Publishing Committee appointed in 1850 had been examined and found correct.

Dr. Bache, from the Committee on a Plan for the Revision of the Pharmacopœia, brought in a report comprising a series of resolutions, one of which was that there should be a committee of nine (Dr. Wood to be one) to revise and publish the Pharmacopœia; also, that three be a quorum, and that the place of meeting be in Philadelphia.

On motion of Dr. Miller, the report was considered resolution by resolution, and was passed.

On motion of Mr. Meakin, it was resolved that a committee be chosen from each State and Territory represented, ten in all—to nominate eight members of the committee on revision and publication of the Pharmacopœia.

On motion of Dr. Bache, a recess of ten minutes to confer with the President on the subject of appointing the Nominating Committee was had, after which the meeting resumed, and the Chair gave the names of the Committee.

On motion of Dr. Bache, a committee of five, to be appointed by the Chair, should be charged with the duty of reporting on a plan for organizing the next convention of 1870.

The committee thus constituted consisted of Drs. Bache, Squibb, Miller, Andrews, and Carson.

A recess of fifteen minutes was taken to allow the two committees to consult and report.

On coming again to order, Dr. Askew read the report of the Nominating Committee, which proposed for the Committee on Revision and Publication of the Pharmacopœia the following gentlemen:—

Dr. Franklin Bache, of Philadelphia; Dr. E. R. Squibb, of New York; Dr. C. T. Carney, of Massachusetts; Dr. Geo. B. Wood, of Philadelphia; Dr. H. T. Cumming, of Maine; Mr. Wm. Procter, of Philadelphia; Mr. Jos. Carson, of Philadelphia; Mr. Wm. S. Thompson of Baltimore, and Mr. A. B. Taylor, of Philadelphia.

The report was accepted, and its nominations confirmed.

The committee to make arrangements for the convention of 1870 reported through its chairman, Dr. Bache, that the same rules as adopted in 1850 for the present convention be taken, by simply changing dates.

This report was adopted.

Mr. Wm. Hegeman, of New York, moved to ask an expression of the opinion of the Convention in reference to the subject of a bill now before Congress, to provide for the greater security of the medical profession and the public in the matter of importation of drugs and medicines.

Dr. Bache, whilst acknowledging the great importance of the matter, deemed it not germane to the objects of this Convention, and therefore moved to lay the subject on the table; which was accordingly done.

Mr. Meakin called the attention of the Convention to a proposition of the New York College of Pharmacy, which he embodied in a resolution, and moved—

That in the index of the Pharmacopœia, the syllables of both Latin and English names be so divided and accented that the index may also serve as a pronouncing vocabulary to the *Materia Medica*; which, after discussion, was adopted.

Mr. Meakin next called the notice of the Convention to its title of the "National Medical Convention," &c. &c., and moved to change to "The Pharmacopœia Convention."

Dr. Bache proposed merely to strike from the present name the word "Medical;" which was put to the vote and carried unanimously.

So the Convention will be called "The National Convention for Revising," &c. &c.

On motion of Mr. Procter, a contribution was then made by each of the members present, to defray the expenses of the Convention.

The President took the opportunity to explain that the vote on the resolution of Mr. Meakin was merely a recommendation to the Committee on Revision and Publication, and not an instruction.

Mr. Procter spoke in favor of having a low-priced edition of the Pharmacopœia for more general distribution among pharmacutists, which would do much to insure uniformity of preparation of medicines, &c.

The subject was discussed by the President, Dr. Bache, and Mr. Procter, when the matter seemed to be remitted to the discretion of the Committee on Revision, who were stated by the President to be always anxious to furnish an edition at the lowest price at which it could be done.

Dr. Parriah introduced the subject of

uniformity of weights and measures by the medical profession and by the apothecaries of the country. He advocated making the avoirdupois ounce the standard of weight, as was advocated in England.

The President thought the Convention could not discuss this subject with profit in the short time allotted to it.

Mr. Meakim thought it best to begin now if anything was to be done in the future.

Dr. Bache called up Mr. Taylor, of Philadelphia, who had written with much learning and effect on this subject.

Mr. Taylor then addressed the Convention in advocacy of abolishing the Troy and avoirdupois scales now in use, and substitute the grain as the unit for all weights less than a pound avoirdupois, beyond that he would use pounds. He would also do away with the Roman symbols, and use the common Arabic figures. He thought this better than the plan now proposed in Great Britain.

Dr. Squibb read an extract from the united proceedings of the New York Academy of Medicine and the New York College of Pharmacy on this subject.

Mr. Parrish advocated the abolition of the present anomalous weights, and was in favour of the avoirdupois ounce and pound.

Mr. Procter also favoured the avoirdupois measure as the only one to be used.

Dr. Bache thought it better, for the sake of uniformity, to wait the action of the British commissioners on the subject of the consolidation of the London, Edinburgh, and Dublin Pharmacopœias into a British Pharmacopœia. He was himself against changing the Troy grain, and hoped the British commissioners would not. He preferred the French system of *grammes* and *centigrammes*, doing away the *decigrammes*; but as there was little hope of this system being adopted in Great Britain, it would be best to wait and see what was done there before we act.

Mr. Meakim advocated the "grain" standard.

Mr. Parrish preferred the ounce.

Mr. Procter said that even in France now, in many of their best works on pharmacy, they reject the decimal division and go back to the old ante-revolutionary measures.

The subject of weights and measures was then dropped.

After a vote of thanks to the President,

the Secretary, and Assistant Secretaries, the Convention adjourned *sine die*.

*Medical Society of the State of Pennsylvania.*—The twelfth annual session of the Medical Society of the State of Pennsylvania will be held in this city, on Wednesday, the 13th day of June next, at 11 o'clock A. M., at the Assembly Buildings, S. W. corner of Tenth and Chestnut Streets, entrance on Tenth Street.

The Committee of Arrangement and Reception, appointed by the Philadelphia delegation, are busily engaged in making the necessary preparation for extending to our professional compeers from the different sections of our commonwealth, a hearty welcome, and the usual hospitalities of the city. Admission to our various literary, scientific, and charitable institutions will be procured, and, we understand, private receptions by members of the profession will be given on Wednesday and Thursday evenings. The afternoon of Thursday, it is proposed to devote to an inspection, by invitation, of the new and admirably constructed building of "the Pennsylvania Hospital for the Insane," located in West Philadelphia, and under the superintendence of Dr. Kirkbride. Nothing else in regard to the "programme" has as yet transpired.

On Tuesday afternoon, from 4 to 6 o'clock, and on Wednesday morning, after 9 o'clock, the committee will be in attendance at the Assembly Buildings, where delegates are requested, on their arrival in the city to call, present their credentials, register their names, and receive their cards of membership.

The following is a list of the delegates from the Philadelphia County Medical Society:—

Drs. G. Emerson, D. F. Condie, S. Chamberlaine, N. L. Hatfield, H. E. Drayton, John Bell, H. St. Clair Ash, W. D. Stroud, W. H. Hooper, J. Da Costa, W. Jewell, J. J. Levick, Squire Littell, H. Hartshorne, A. C. Bournonville, B. H. Coates, M. M. Levis, W. Darrach, A. L. Kennedy, D. Gilbert, W. H. Gobrecht, James Aitken Meigs, W. L. Johnson, W. B. Page, John F. Lamb, S. D. Gross, W. L. Knight, W. B. Atkinson, A. Nebinger, J. J. Woodward, Wm. Mayburry, D. D. Clark, Wm. Hunt, A. Frické, Washington L. Atlee, W. Gallaher.

The *ex officio* delegates from this city are

Drs. Joseph Carson, R. P. Thomas, and L. Curtis.

*Medical Service, United States Navy.*—The Naval Medical Board, which convened at the Naval Asylum, Philadelphia, March 1, to examine assistant surgeons for promotion, and candidates for admission into the medical corps of the Navy, adjourned *sine die* May 5th.

Assistant surgeons: Daniel B. Conrad, James Laws; Francis L. Galt, John S. Kitchen, Albert L. Gihon, John Vansant, Edward R. Denby, and Wm. M. Page were found qualified for promotion.

From among the many competitors for admission into the medical corps, the following were selected and classed to be appointed assistant surgeons in the navy as vacancies occur in the course of the year:—

- No. 1. James E. Lindsay, of N. C.
2. Henry F. McSherry, of Va.
3. John J. Gibson, of Ill.
4. Osborn S. Inglehart, of Md.
5. Samuel J. Jones, of Pa.
6. Robert R. Gibbs, of S. C.
7. Joseph W. Shively, of Ohio.

A similar competition or *concours* takes place yearly, at about the close of the lecture season. Admission to it may be obtained by applying to the Secretary of the Navy, who will no doubt furnish any needful information on the qualifications necessary to be admitted a candidate.

*New Law in Pennsylvania in relation to the Sale of Poisonous Drugs.*—The following section of the new Penal Code, passed by the Legislature last winter, is of great importance to those who deal in drugs of any kind which are used as poisons: "No apothecary, druggist, or other person, shall sell or dispose of by retail any morphia, strychnia, arsenic, prussic acid or corrosive sublimate, except upon the prescription of a physician, or on the personal application of some respectable inhabitant, of full age, of the town or place in which such sale shall be made. In all cases of such sale, the word *poison* shall be carefully and legibly marked or placed upon the label, package, bottle or other vessel or thing in which such poison is contained; and, when sold or disposed of otherwise than under the prescription of a physician, the apothecary, druggist, or other person selling or disposing of the same, shall note in a register, kept for that pur-

pose, the name and residence of the person to whom such sale was made, the quantity sold and the date of such sale. Any person offending herein shall be guilty of a misdemeanor, and, on conviction, be sentenced to pay a fine not exceeding fifty dollars."

*Dinner to Dr. Geo. B. Wood.*—A complimentary dinner was given at the Academy of Music, on the 6th of May, to Dr. Geo. B. Wood—who has recently resigned his Professorship of the Practice of Medicine in the University of Pennsylvania, and is soon to go abroad, to remain there some time—by a large number of his professional friends, in testimony of their respect and esteem for him personally, and of their estimate of the value of his labours to elevate the characters of the profession, and to extend the bounds of our science. Certainly, no one in this country has better earned this compliment from his professional brethren.

*New Protestant Episcopal Hospital.*—The corner-stone of this Hospital, situated at the corner of Lehigh Avenue and Front Street, Philadelphia, was laid on Thursday afternoon, May 24, in the presence of a large assemblage. Addresses were delivered by the Rt. Rev. Bishop Potter, Dr. Caspar Morris, and Dr. Mullenberg.

*University of Maryland.*—Dr. WM. A. HAMMOND, Ass't Surg. U. S. A., has been appointed Professor of Anatomy and Physiology in place of Dr. Roby, who has resigned in consequence of ill health; and Dr. EDWARD WARREN, of Edenton, N. C., has been appointed Professor of Materia Medica and Therapeutics, in place of the late Dr. Charles Frick.

*Medical College of the State of South Carolina.*—The class in attendance on the lectures for the session of 1859-60 amounted to two hundred and forty-nine students, and the degree of Doctor of Medicine was conferred at the annual commencement upon one hundred and fifteen candidates.

*Mobile Medical College.*—The Legislature of Alabama have made an appropriation of fifty thousand dollars to this institution.

*New Orleans School of Medicine.*—A number of changes have been made in this school. Dr. AUSTIN FLINT, Jr., has been

appointed to the chair of Physiology and Microscopic Anatomy; Dr. Peniston has been transferred from the above mentioned chair to that of Anatomy, and its former incumbent, Dr. Beard, has been appointed Professor of Surgery and Surgical Pathology. A chair of Clinical and Operative Surgery has been created, which has been filled by the election of Dr. Choppin.

*Georgia Medical and Surgical Encyclopedia.*—This is the singular title of a monthly journal published at Sandersville, Geo., under the editorship of Drs. H. N. HOLLIFIELD and TOM. W. NEWCOME, the first No. of which appeared in May of this year. It will be but reasonable to expect that a medical school and a rival journal will in due course follow. We wish our new cotemporary all the success its merits may deserve.

*The Peninsular and Independent Medical Journal.*—In the March number of this Journal, we are sorry to find the Valedictories of the Editors and Publishers. The latter state "that when induced to undertake the publication of the consolidated Journals, two years ago, they hoped by effort, to make it at least self-supporting, if not remunerative.

"The results have proved contrary to these expectations, and the outlay the past year has been so much larger than the receipts, that we deem it unadvisable to continue its further publication."

#### FOREIGN INTELLIGENCE.

*Condition of the Interior of the Eye as seen by the Ophthalmoscope in an Impaired Vision from Blows.*—For several months Mr. HAYNES WALTON has submitted to a careful ophthalmoscopic examination every case that has presented itself to him of defective sight from a blow on the eyeball; and in all there have been marked physical changes that could be directly pointed to as disturbing sight. The fact is, so far as it goes, in opposition to the idea of concussion of the retina, by which was meant some functional derangement, to which the result of these accidents used to be attributed.

Lesion was noticed in all. In the majority, there was more or less detachment of the

retina, probably from effusion of blood. The degree of loss of sight was in proportion to the area detached. Less frequently, there was blood effused into the vitreous body. Once the lens was partially displaced backwards, but retained its transparency. The detachment of the retina is, of course, irremediable; effusion into the vitreous body admits of recovery in a remarkable degree; and, even where there has been so much effusion as to prevent illumination of the eye, perfect vision may be restored. This shows how useless it would have been in any of these cases to institute the routine of a mercurial course, which certainly would have been resorted to prior to the ophthalmoscope.

Very few of the patients were submitted to any treatment, because of the lapse of time between receiving the injury and their application at the hospital. Mr. Walton's plan of treatment, in any recent case in which there is diminution of sight, or pain, attendant on the accident, consists in rest of the eye, and cessation from all activity of the body, the local application of cold, and, if there be very much pain, of opiates, and perhaps even leeching, or cupping to the temple. With this he enjoins regulations of a general kind as regards diet, the avoidance of stimulants, etc.

Wounds and blows about the forehead and circumference of the orbit, which do not touch the eyeball, may be followed by blindness; and many theories have been advanced to account for this. It has been supposed that the nutrition of the eye has suffered through some injury to the branches of the fifth nerve. Mr. Walton suspects that here the eye suffers from the same lesions as in direct injury, although, up to the present time, he has had but one opportunity of making an examination.

A workman, in middle age, was severely struck on his forehead, just over the left eyebrow, six years ago; and quickly lost all useful sight. He could not exactly say how quickly it went, as his memory did not serve him; but it was a direct consequence, and, when the swelling of the brow and the ecchymosis had passed away, the eye was useless. It would be difficult to name any method of treatment that had not been tried; for the man had been to most of the general hospitals in London, and to several of the special ones. He could not read type of any size, but could just count

his fingers when they were held up against the light. There was no objective symptom whatever; and therefore it was impossible, from a mere external survey of the eye, to say what was at fault. Mr. Walton directed the pupil to be dilated, and then used the ophthalmoscope. Detachment of the retina was at once discernible in a cloudy whiteness at the fundus of the eye, instead of the natural bright red colour of the choroid. The focussing of the instrument, too, failed to show the optic disk, or any parts in detail; instead of these, there appeared the uneven white cloud with a few vessels, not very definite, in irregular arrangement. Here was, of course, an irremediable injury from the first; and far better would it have been for the patient, and more to the credit of surgery, had this been at once made out.—*British Med. Journ.*, Aug. 13th, 1859.

*Cephalotripsy without Traction versus the Casarian Operation.*—M. PAJOT, professor of clinical obstetrics at the Paris Faculty, has just substituted the former for the latter operation, in a case where, from rickets, the antero-posterior diameter measured but one inch and two-thirds. M. Pajot considers that the danger of cephalotripsy consists in the tractions which are generally made after the head is broken up, as points of bone easily tear the soft parts of the mother. He is in the habit of crushing as completely as possible, and then leaving the uterus to expel the fœtus by its contractions. This method is even carried out as regards the body of the child. In the present case the success was complete.—*Lancet*, April 21, 1860.

*Origin of Vaccine Virus.*—M. DEPAUL, in a report to the French Academy, has carefully investigated the origin of vaccine virus. The questions he had to answer were: Is the cowpox a disease which has been spontaneously developed in the cow? Or is it the result of an accidental inoculation made with the discharge from the legs of the horse? Or, again, will these two diseases, independently the one of the other, produce a liquid which, when inoculated in the human subject, will preserve him from the smallpox? M. Depaul finds that the first of these hypotheses is the only probable one.—*Med. Times and Gaz.*, April 28th, 1860.

*Acupressure for the Arrest of Hemorrhage.*—At a late meeting (April 24th, 1860) of the Royal Med. and Chirurg. Society, Mr. SYME, of Edinburgh, in reply to a question by Mr. Henry Thompson, said that acupressure was not, in his opinion, calculated to improve the practice of surgery. In the first place, he did not think the objections alleged against the ligature were fully justified; in the second place, if the ligature were objectionable they had a better substitute for it in torsion than in the needle process; thirdly, he thought the needle process was hardly practicable, and in some cases not practicable at all. It had been said by the proposer of the method that the ligature would occasion gangrene. That simply showed that the individual who proposed it did not know the meaning of surgical language. As to ligatures causing irritation, that assertion was not true. He had repeatedly tied the femoral, and left the wound to heal by first intention, there being only a few drops of matter, and in one case not a drop, showing that the ligature was not the cause of irritation. He had given up the practice of cutting away one thread, always preserved both; and he regarded ligatures rather as useful assistants than as obstacles. After amputation, the great impediment to union by the first intention was the presence of blood, which coagulated, and led to the formation of abscess. The ligatures prevented this, made way for the discharge, and did good rather than harm. But if ligatures were sometimes objectionable, the process of torsion was a convenient substitute, the success of which he had repeatedly seen. As to acupressure, it could very rarely be employed; and his only surprise was that any practical surgeon should have given it two thoughts. It was a tub thrown out to amuse the whale, more especially to feed the whale, and would never have been heard of had it not been brought under the notice of the profession by a medical journal published in London, understood to be under the control of the proposer.

Mr. Spencer Wells said he should not notice the personalities with which Mr. Syme concluded his speech; but with regard to acupressure he thought it but just to say that he had employed that method in a case of Pirogoff's amputation at the ankle-joint, in which the needle was fairly pitted against the ligature. The anterior



tibial artery was compressed by the needle, and a plantar branch of the posterior tibial was tied by a ligature. The superiority of the needle was most marked. In forty-eight hours Mr. Adams, whose case it was, removed the needle, and there was no more trouble about it. The ligature remained some five or six days afterwards, setting up suppuration in its track, and keeping open the wound in the manner which Mr. Syme appeared to think so favourable (the patient thought otherwise), but which certainly delayed the cure. The case would have been better treated if it had been easy to compress the posterior tibial artery in the same manner as the anterior tibial, if he had not to learn the A B C of acupressure, as all must do. There might be many cases in which the needle is not applicable; but he believed if he had known then what he had learned since, he might have been able to compress the plantar artery as easily as the other. So far from the introduction of acupressure exhibiting any want of surgical knowledge on the part of the gentleman who proposed it, he believed it to be one of the many gifts, including the introduction of chloroform, for which surgery is indebted to that great man. Mr. Wells further expressed his conviction that acupressure will prove a most useful means of suppressing hemorrhage, and he had learned its utility in compressing varicose veins. He believed also that it will hereafter supersede the ligature in the treatment of aneurism. With regard to the effect of the ligature upon the ends of divided arteries, every surgeon knew that the part of the artery beyond the ligature must be killed by it, and that a piece of sloughy tissue cannot do any good when confined amid the living tissues of the body, however useful Mr. Syme might consider it to be.—*Med. Times and Gaz.*, May 5, 1860.

*Quinine and Digitalis.*—M. SEYRE confirms, from a successful trial in his own case, the accounts given some time ago by M. Debout of the great utility of a combination of digitalis and quinine in the treatment of migraine. Sulphate of quinine, forty-five grains; powder of digitalis, twenty-two grains; syrup, sufficient to make thirty pills. One of these is to be taken every night for at least three months, their first effect being seemingly to augment the se-

verity of the affection.—*Ibid.*, May 12, 1860, from *Bull. de Thérap.*

*Tincture of Iodine in Phlebitis Externa.*—In this paper Dr. SPÖREN, of the Marien Hospital, St. Petersburg, gives an account of the great advantage he has derived in cases of *phlebitis externa* from applying the pure tincture of iodine over the inflamed lines of veins, extending it to an inch or two on either side. The application should be made in a very thorough manner, so as to lead to the penetration of the tincture as much as possible; and at first it should be repeated every two or three hours. He has in numerous cases met with a surprising amount of success, extensive venous inflammation extending on to the axilla or inguinal region, giving way. He cites cases of phlebitis produced by venesection, abscess, phlegmon, etc., which in this way have been effectually and rapidly cured.—*Ibid.*, from *Med. Zeitung Russ.*, 1859, No. 20.

*Chloroform in the Reduction of Prolapsus Ani in Children.*—Dr. GUNTHER, alluding to cases of prolapsus in children, in which a large portion of the gut descends, and is, on account of the resistance of the child and the tenesmus, retained with difficulty, and kept up with still greater difficulty, points out the advantage which attends, under these circumstances, the administration of chloroform. If sufficient air be admitted into the room, and ammonia and cold water be at hand, there is no danger to be feared from the induction of the anesthesia.—*Ibid.*, from *Varges Zeitschrift*, bd. xii.

*Losses sustained by Armies.*—M. MEYNE, a surgeon in a Belgian regiment of artillery, in a recent work on medical statistics, makes some interesting statements upon this point. He says that an army of 100,000 men, by the sole fact of having entered on a campaign, i. e., leaving out the influence of epidemics and battles, will have 10,000 men in hospital. At the end of some months, if there has been engagements, and the number of patients increase, as is usual, we must count upon a third being placed out of service by disease. During the first fifteen years of the occupation of Algeria by the French, one-eleventh part of the forces were carried off by disease, and a 265th part only by casualties of war, i. e., 23 times as many.

Of the 115,000 Russian soldiers who invaded Turkey in 1828-9, but from 10,000 to 15,000 repassed the Pruth, the rest succumbing to fever, dysentery, and pestilence. During the Peninsular wars, of 25,000 French, 3,000 perished on the road from Bayonne to Lisbon either from fatigue or the scorching sun of 1808. The English army, during a period of forty-one months, of an effective force of 61,500 combatants, lost 21,930 by disease, and only 8,889 by the casualties of war. The losses of the French during the Crimean war were 16,000 deaths by the accidents of war, and 53,000 by disease, i. e., 16 to 53; and the proportions were much the same for the Sardinians and the English.

*Case of Opium-Eating.*—Dr. Kozieradzki relates a remarkable case he was called to. A lady, aged 30, had been treated, when thirteen years old, for a painful affection of the heart, by abundant bloodletting and other antiphlogistic measures without relief. She only obtained ease by taking opium, which from doses of  $\frac{1}{4}$  grain was gradually increased in quantity to 30 grains, so that at last 200 grains were taken daily. Besides the opium, the bleedings were continued, having been repeated fifty times in the course of twenty years. After a while, epileptic attacks were conjoined to the cardiac affection. During the latter years she had kept on increasing the dose, and had substituted the acetate of morphia for crude opium, taking four grains several times a day, so as to consume an ounce of morphia. These facts were stated to the reporter by her friends, and he saw her take two of the four-grain doses of the acetate. She had a prematurely-old appearance, was deaf of one ear, and had lost almost all her teeth. The menses were scanty; but her sleep, appetite, and all the evacuations were normal. She at last found the obstacles to procuring the morphia so considerable, that she had to pass twenty-four hours amid cardiac pains and faintings without opium; and when next day her ordinary four-grain dose was brought her, she was seized with a convulsive attack, and died. The editor refers to the case of a physician who took a scruple of opium at a dose daily for many years on account of cardialgia.—*Med. Times and Gas.*, May 5, from *Med. Zeit. Russlands*, 1859, No. 25.

*Solubility of Quinine.*—M. Calloud, of Chambéry, as the result of his investigation as to the substances best calculated to aid the solution of the sulphate of quinine, has come to the conclusion that this is remarkably favoured by sal-ammoniac, nitrate of potass, or chloride of sodium, and especially by sal-ammoniac.—*Ibid.*, from *Bull. de Thérap.*

*Adjudgment of the Prizes of the Academy of Sciences for 1859.*—The Montyon Prize for Experimental Physiology (Committee: MM. Flourens, Milne-Edwards, Rayer, Serres, and Claude Bernard, reporter), has been adjudged to M. Pasteur for his "Researches on Fermentations," viz., those of alcohol, lactic acid, and tartaric acid. "M. Pasteur regards the chemical phenomena of fermentations as always correlative with the vital phenomena of organization and development which take place at the same time in the organized ferments which possess the property of exciting them. The committee is of opinion that in thus pursuing the physiological study of ferments in the direction chosen by the author, a new light may be thrown on a series of organic fermentations related to the phenomena of nutrition and histogenesis." Honourable mention is also accorded to M. Ollier, for his Experiments on Transplantation of the Periosteum. 2. The Montyon Prize for Medicine and Surgery. (Committee: MM. Serres, Velpeau, Rayer, Jobert, Cloquet, Andral, Duméril, Flourens, and Claude Bernard, reporter.) "The memoirs and works sent in to compete for the prize are placed in two categories. Those are reserved for the prize only which indicate a discovery of importance, or the introduction of a new fact into science; while honourable mentions only are accorded to those works which, without accomplishing the objects just named, yet contain researches that are of utility to medicine and surgery, because they contribute to the perfection of practice, or present new solutions of theoretical questions not yet decided. This year the committee has not been able to award the prize, but makes the following honourable mentions:" (1.) A mention, with 1500 francs, of M. Behier's "Studies on Puerperal Fever." "Physician to the obstetrical department of one of the large hospitals of Paris, M. Behier has collected 1200 cases of puerperal fever, 85 terminating fatally.

In all but one of these cases, he has found uterine lesion, consisting in suppurative phlebitis either of the perituterine veins or of the veins constituting a species of erectile tissue of the cervix uteri. In his opinion, the disease is primarily a local condition setting out from the morbid uterus, and becoming generalized by the veins in the form of purulent infection, this, in severe cases, constituting the essence of the affection. He has also indicated an important point in diagnosis, hitherto unperceived, viz., the existence of a painful swelling of the uterine appendages in women, who then appearing to ail but little, yet afterwards will exhibit serious symptoms. This sign, present when there is neither fever or other symptom of consequence, is of great utility in at once indicating to the practitioner the mode of treatment he should employ." (2.) A similar mention and sum have been accorded to M. Gallois, for his *Researches on Oxalate of Lime in the Urine and in Urinary Sediments and Calculi*. "It results from M. Gallois's observations that the excretion of oxalic acid considered by various authors as a special morbid condition, and denoted by the term *oxaluria*, is really a morbid phenomenon which may be observed in a great number of affections. It is observed oftener in dyspepsia, spermatorrhoea, and affections of the spinal marrow; and it is by no means uncommon to find in urinary sediments crystals of oxalate of lime in phthisis, in chronic rheumatism, and in gout, although uric acid is that oftener found in the urine in this last affection. Comparing a large number of analyses of urinary concretions, M. Gallois has remarked that the oxalate is very frequently allied with uric acid or the urates; and this coincidence, which is also often met with in urinary sediments, has led him to believe that oxaluria is sometimes due to a modification of the morbid dispositions which lead to the excretion of crystallized uric acid. He has also demonstrated the important facts, that the best mode of terminating the excretion of oxalic acid is to administer alkaline mineral waters." (3.) M. Giraud-Teulon's work on "the Principles of Animal Mechanics," in which an elaborate investigation of the various questions of animal mechanics is entered into, has met with the same reward. (4.) Professor Luschka, of Tubingen, has published an

important work on "the Semi-diathroses (*Halbgelenke*) of the Human Body." "It is a work on human anatomy, executed with very great care. The author observes that the semi-diathroses are met with on the mesial line, viz., those of the spinal column, the pubis, the junction of the first piece of the sternum, etc. He examines the mode of development of each of these joints, and elucidates, by means of numerous microscopical observations, various obscure points with respect to the structure of ligament, fibro-cartilage, and the synovial membranes. He has described with greater care than any of his predecessors the ligamentous bands of the sacro-coccygeal and the costo-vertebral articulations; and he has made known a disease of the articulations of the bodies of the vertebrae, which does not seem to have been previously indicated, and which consists in small, lobulated tumours which spread from the middle of the posterior surface of the articulation of the body of the vertebrae into the spinal canal. Considering it as an excellent anatomical monograph, the Committee awards the mention with 1500 francs." (5) The same has been decreed to M. Le Gendre for his work on "Some Rare Varieties of Inguinal Hernia;" and (6.) to M. Marcé, for his work on "Puerperal Insanity." The Bréant Prize (Committee: MM. Andral, Velpeau, C. Bernard, Cloquet, Jobert, and Serres, reporter) for a discovery of a cure for cholera still remains adjudged, notwithstanding the claims of fourteen competitors. "The great bulk of the memoirs are simple letters containing medicinal formulæ, all, according to their authors, infallible remedies, and all destitute of practical observations or rational deductions."

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OBITUARY RECORD.—Died at Stockholm, on the 18th of April. 1860, after a few days' illness, Andreas Retzius, Professor of Anatomy and Physiology in the Royal Carolinian Institution, in the sixty-fourth year of his age. Sweden has lost in him one of its most honoured men. As an investigator, he had the good fortune of seeing all his numerous discoveries included in the system of science, and as a teacher few equalled him in the fervent interest with which he watched over the progress of his pupils, and in the bold, clear, vivid originality of his instruction and diction.